POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under | | | | | | | | |
|--|--------|-------------------|------------------------|----------|----------|--------|---------|------------------------|
| 37 CFR 3.73(b). I hereby appoint: | | | | | | | | |
| | | | | | | | | |
| x Practitioners associated with the Customer Numb | | | mer Number: | 25181 | | | | |
| OR | | | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | | |
| | Name | | Registration Number | | 1 | lame | | Registration Number |
| l — | | | Number | - | | | | Number |
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| ıl | | | | | | | | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with | | | | | | | | |
| any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | | |
| The address associated with Customer Number | | | | | | | | |
| | | | | | | | | |
| OR | | | | | | | | |
| X Firm or Individual Name FOLEY HOAG LLP | | | | | | | | |
| Address 155 Seaport Blvd | | | | | | | | |
| City | Boston | | State MA | | Zip | | 02210 | |
| Country | US | | | (617) 83 | 2-1000 | Email | | |
| Assignee Name and Address: | | | | | | | | |
| Adimab, Inc. | | | | | | | | |
| 16 Cavendish Court Lebanon, New Hampshire 03766 | | | | | | | | |
| Lebanon, New Hampshire 00700 | | | | | | | | |
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| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of | | | | | | | | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, | | | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record | | | | | | | | |
| The imprividual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | |
| Signatu | ıre / | | | | Date | 12/10/ | 89 | |
| Name | Errik | Anderson | | _ | Telephor | ne | (603) 7 | 27-7107 |
| Title | Chie | Operating Officer | | | | | | |